

**COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
OFFICE OF INTEGRATED CARE**

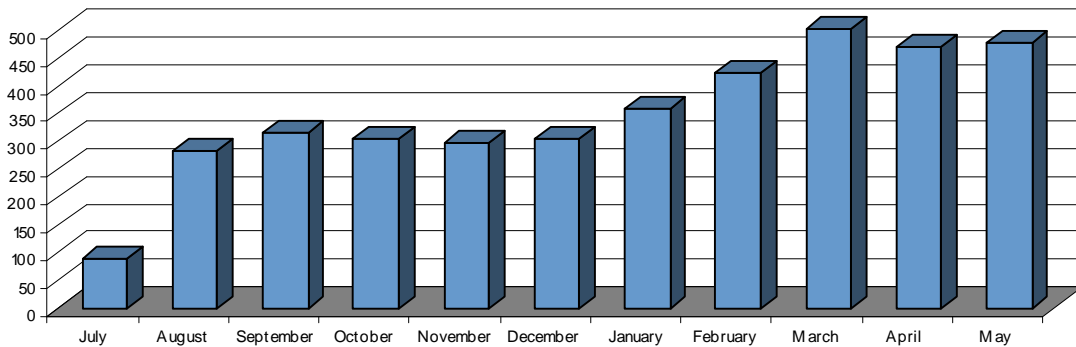
**HEALTHY WAY L.A. REFERRAL TRACKING REPORT*
JULY 2011 - MAY 2012**

HWLA Referral Summary

Total Referrals

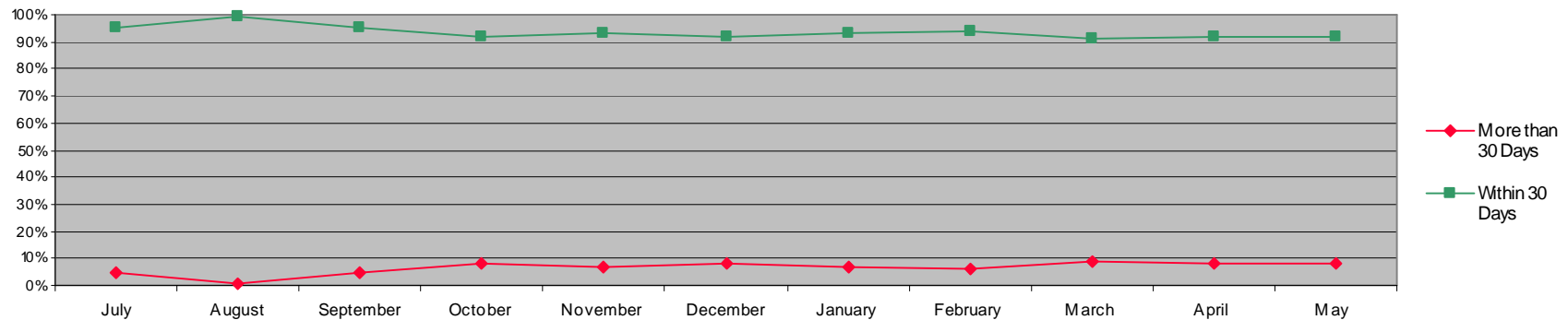
Month	#	%
July	88	2%
August	283	7%
September	315	8%
October	304	8%
November	296	8%
December	304	8%
January	358	9%
February	422	11%
March	501	13%
April	470	12%
May	477	12%
Total	3,818	100%

Total Referrals per Month



30-day Access Requirement Report

Number of Days	July	August	September	October	November	December	January	February	March	April	May	Total
0 - 10	55%	42%	55%	59%	61%	45%	41%	45%	46%	47%	56%	50%
11 - 20	32%	39%	29%	23%	21%	32%	31%	34%	28%	27%	24%	29%
21 - 30	8%	18%	11%	10%	12%	15%	21%	15%	16%	18%	13%	15%
More than 30 Days	5%	1%	5%	8%	7%	8%	7%	6%	9%	8%	8%	7%
Within 30 Days	95%	99%	95%	92%	93%	92%	93%	94%	91%	92%	92%	93%



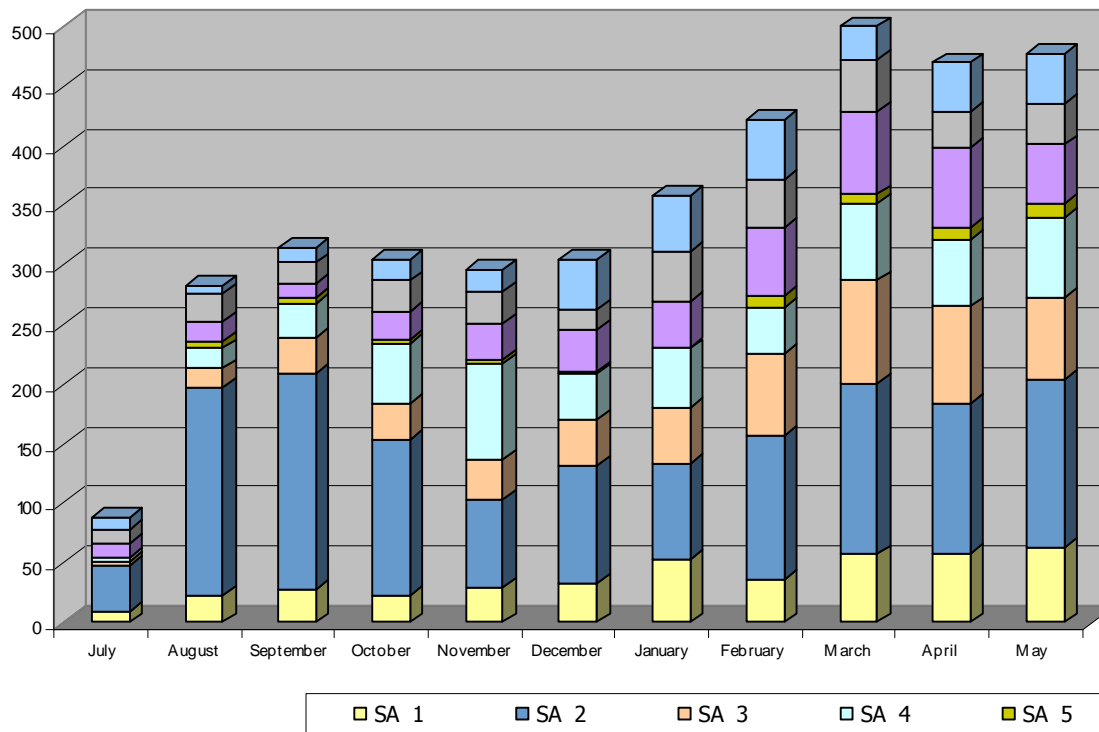
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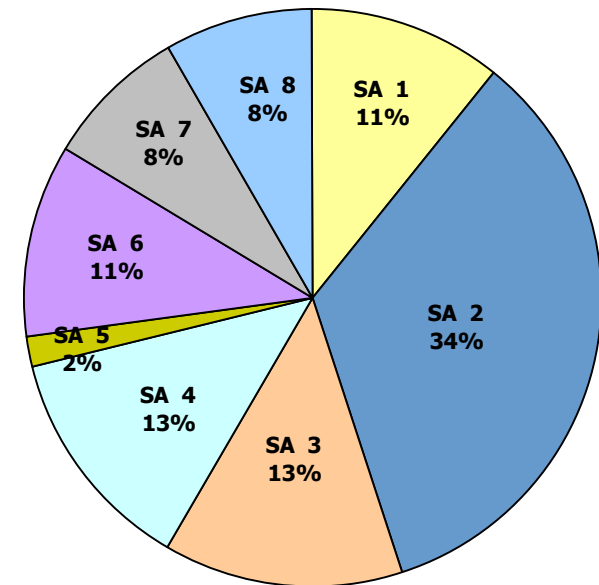
Referrals by Service Area

Service Area	July	August	September	October	November	December	January	February	March	April	May	Total
SA 1	9	22	28	23	30	32	53	36	57	58	63	411
SA 2	39	175	181	131	73	99	81	121	143	126	141	1,310
SA 3	3	16	30	30	34	39	47	69	87	81	68	504
SA 4	3	17	29	50	80	39	49	38	64	57	68	494
SA 5	1	6	4	4	4	1	1	11	8	9	12	61
SA 6	11	17	13	23	30	36	38	57	70	68	49	412
SA 7	12	23	17	26	27	17	42	40	44	30	35	313
SA 8	10	7	13	17	18	41	47	50	28	41	41	313
TOTAL	88	283	315	304	296	304	358	422	501	470	477	3,818

Referrals by Service Area by Month



Total Referrals by Service Area



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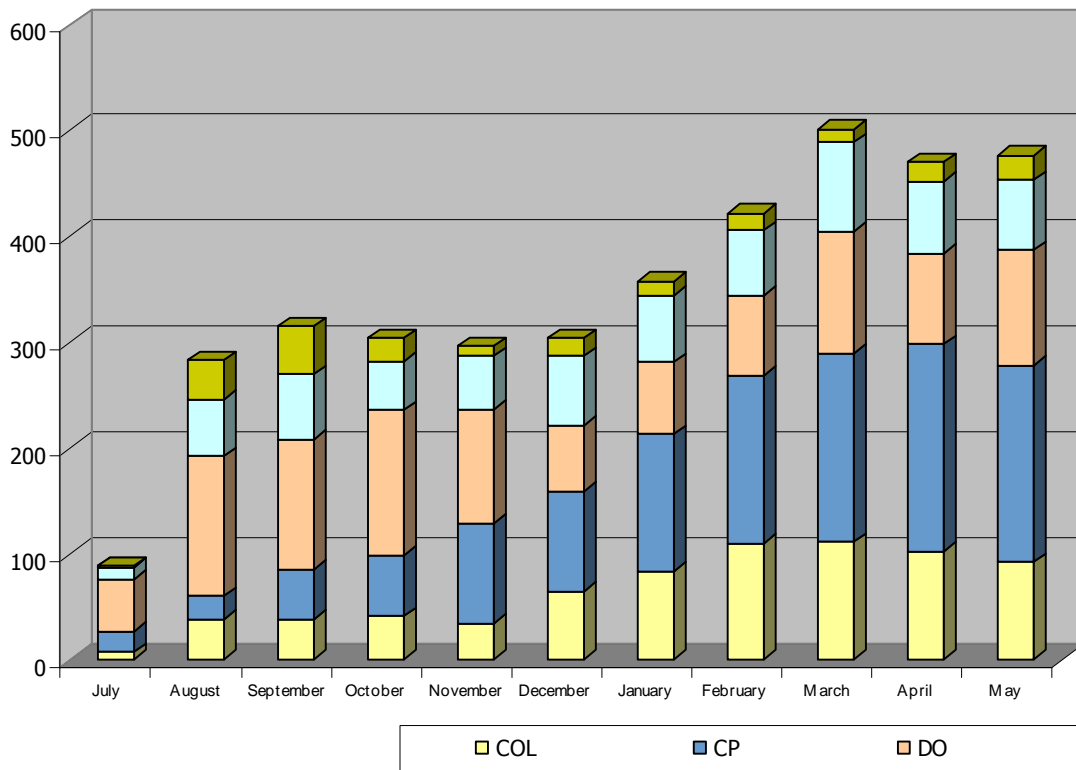
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Linkage to Services by Provider Type

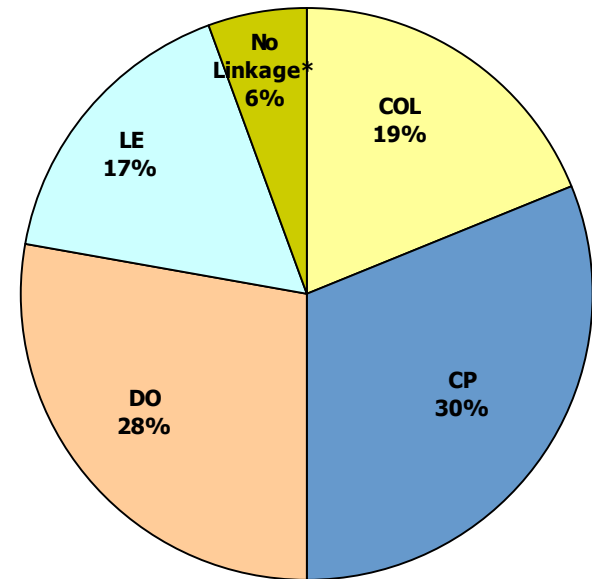
Provider Type	July	August	September	October	November	December	January	February	March	April	May	Total
COL	7	38	38	41	34	64	83	110	111	102	92	720
CP	20	22	47	58	95	95	130	159	178	196	186	1,186
DO	49	132	123	137	108	63	68	75	116	86	109	1,066
LE	11	54	62	46	50	65	64	62	84	68	66	632
No Linkage*	1	37	45	22	9	17	13	16	12	18	24	214
Total	88	283	315	304	296	304	358	422	501	470	477	3,818

* Individual declined services, was not eligible for services, or was unable to contact, and never linked to a service provider.

Referrals by Provider Type by Month



Total Referrals by Provider Type



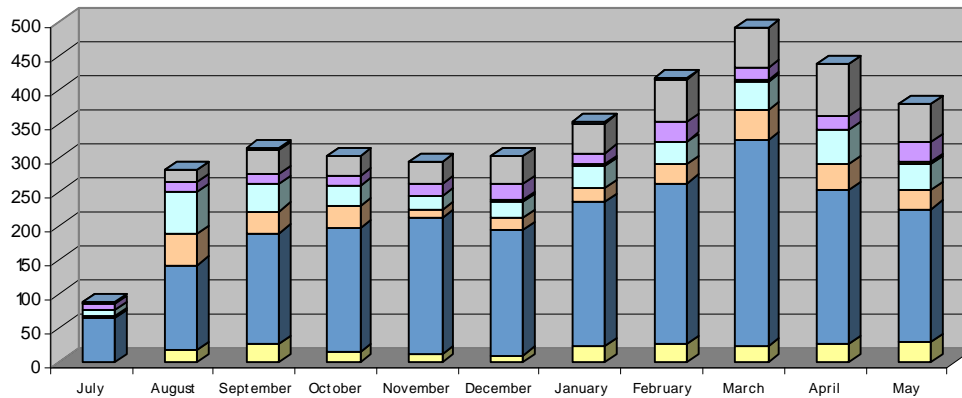
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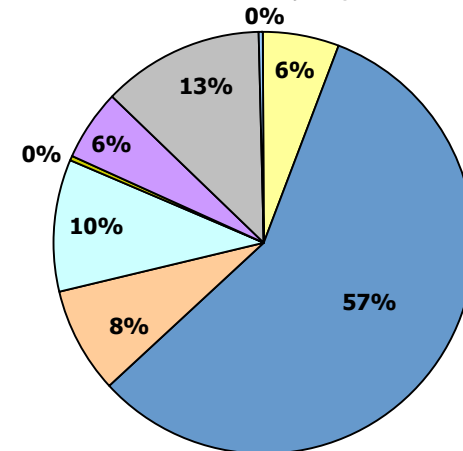
Referrals by Disposition

Disposition	July	August	September	October	November	December	January	February	March	April	May	Total
Does not meet program criteria	1	18	27	15	12	11	24	28	25	27	29	217
Individual accepted for DMH services	64	125	163	183	199	184	211	235	302	227	196	2,089
Individual declined DMH services	2	46	32	31	12	16	22	28	43	36	27	295
Individual did not show for appointment	11	61	39	29	21	24	32	32	42	51	38	380
Individual referred out due to language need not available through program	0	1	0	0	0	3	2	2	2	1	3	14
Individual rescheduled for future appointment	7	13	16	15	18	23	16	27	17	20	30	202
Unable to contact individual	2	19	35	30	32	41	44	64	60	76	56	459
Other (Please Explain)	1	0	3	0	0	0	1	1	0	0	0	6

Referrals by Disposition by Month



Total Referrals by Disposition



- Does not meet program criteria
- Individual accepted for DMH services
- Individual declined DMH services
- Individual did not show for appointment
- Individual referred out due to language need not available through program
- Individual rescheduled for future appointment
- Unable to contact individual
- Other (Please Explain)